	VV V-132
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, if attorney, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME: PLAINTIFF:	
DEFENDANT:	
EMPLOYEE:	
PROOF OF SERVICE BY PERSONAL DELIVERY OF COMPLETED RESPONSE (Workplace Violence)	CASE NUMBER:
PERSONAL SERVICE	
Instructions to Defendant: If the court orders personal service, you must have someone e	lse personally serve the plaintiff. You
cannot serve these papers yourself. After having the plaintiff personally served with any of the documents identified in item 2, have the	
person who served the documents complete this Proof of Service By Personal Delivery of C	
Violence). Give the completed Proof to the clerk for filing. An unsigned copy of the Proof she document.	ould be attached to and served with the
I am over the age of 18 and not a party to this legal action.	
 I served a copy of the following documents (check the box before the title of each docum 	ent you served):
 a. Completed Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee (Workplace Violence) (form WV-110) b. Other (specify): 	
3. a. Name:	
b. Date:	
c. Time:	
d. Address:	
d. Address.	
4. My residence or business address is (specify):	
5. My telephone number is (specify):	
I declare under penalty of perjury under the laws of the State of California that the foregoing	is true and correct.
Date:	
b	
(TYPE OR PRINT NAME)	(SIGNATURE)